

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>10/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ZIONSVILLE MEADOWS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>675 S FORD RD</b> <b>ZIONSVILLE, IN 46077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00176803 completed on 8/5/15.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00182446 completed on 9/29/15.</p> <p>Complaint IN00176803 corrected.</p> <p>Survey date: October 28, 2015</p> <p>Facility number: 000538 Provider number: 155620 AIM number: 100267290</p> <p>Census bed type: Residential: 41</p> <p>Sample: 3</p> <p>Zionsville Meadows was found to be in compliance with 410 IAC 16.2-3.1 in regard to the PSR to the Residential finding cited during the Investigation of Complaint IN00176803.</p>	{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.